

Nassau County Internal EEO Complaint Form

Discrimination Complaint Form
(Please Print & Use Ink)

Name: _____

Address: _____

Position Title: _____ Department: _____

Phone: Business () _____ Home () _____

I prefer to be contacted at : __Home or __Work __days __time

Are you a Nassau County Employee? __Yes __No

Person to contact if I cannot be reached: _____
Name phone

1. How do you feel you have been discriminated against?

2. On What basis do you feel you were discriminated against?
Please check those that apply:

__Race

__Age

__Gender (Sex)

__Color

__Retaliation

Disability:

__National Origin

__Sexual Orientation

__Physical

__Veteran Status

__Religion

__Mental

__Citizenship

__Marital Status

__Harassment

__Other (Explain)

3. Please give the Date of Occurrence. If this is an incident of ongoing discrimination, please identify the time period: mm/dd/yy

4. Have you ever reported this or any other incident to the County? __Yes __No
If Yes, When and to whom was the report made?

What, if any action has been taken by the County?

5. Describe the reasons why you believe you were discriminated against?

6. If there are witnesses to the discrimination/harassment who may be able to help in the investigation, please list names, job title and phone number (if possible).

7. What action do you request the County take?

8. Have you filed a grievance regarding this matter? __Yes __No
(Filing this complaint does not preclude you from filing elsewhere)
(If yes answer the following)

- a. Date grievance was filed?
- b. Name of representative Organization_____
- c. Do you have an Attorney? __Yes __No
- d. Have you filed a complaint on this matter with any other agency? If so, please specify:
Equal Employment Opportunity Commission complaint filed
Fair Employment Practices Commission Date complaint filed
New York State Human Rights Commission complaint filed
Other Date complaint filed

I understand that the Equal Employment Opportunity Rep will gather all information to investigate my complaint.

Signature of Complainant

Date

OFFICE USE ONLY:

Received By_____

Complaint #_____

Date and Time Complaint Received_____

Date and Time Reported to EEO Rep._____